

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-005496

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43Primary Registration District No. 3007Registrar's No. 1314

STATE FILE NUMBER

FILED FEB 18 1963

1. PLACE OF DEATH a. COUNTY <u>BUTLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WAYNE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>POPLAR BLUFF</u>		c. CITY OR TOWN <u>CLUBB</u>	
Length of stay in 1b <u>12 DAYS</u>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DOCTOR'S HOSPT.</u>		d. STREET ADDRESS (If outside, give location) <u>CLUBB</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>SAMUEL</u> Middle <u>LEVANDER</u> Last <u>WHITE</u>		4. DATE OF DEATH Month <u>FEB</u> Day <u>5</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-18-1876</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>	11. BIRTHPLACE (City and state or country) <u>COLDWATER MO</u>
13a. FATHER'S NAME <u>WILLIAM P. WHITE</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH RUSSELL</u>	14. NAME OF HUSBAND OR WIFE <u>NELLIE WHITE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	17. INFORMANT Address <u>ROBERT WHITE CLUBB, MO</u>
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PNEUMONIA</u> DUE TO (b) <u>PULMONARY EDEMA</u> DUE TO (c) <u>CEREBRAL VASCULAR ACCIDENT.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>GENERALIZED ARTERIO SCLEROSIS</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>[REDACTED]</u> a.m. <u>[REDACTED]</u> p.m. <u>[REDACTED]</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		

21. I attended the deceased from <u>1-26-63</u> to <u>2-5-63</u> and last saw him alive on <u>2-5-63</u>	
Death occurred at <u>6:30 P</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>Irvin Coalwell M.D.</u>	22b. ADDRESS
22c. DATE SIGNED <u>12 FEB 63</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>2-7-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT PISCAN CEM.</u>	23d. LOCATION (City, town, or county) <u>SILVA</u>
24. FUNERAL DIRECTOR <u>GISH</u>	25. DATE RECD. BY LOCAL REG. <u>2-15-1963</u>	26. REGISTRAR'S SIGNATURE <u>Thelma [illegible]</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____,
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Mawen E. Bowler

Licensed Embalmer No. 4426

P. O. Address Piedmont, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.